Name in Full Washington Burriss

Certificate of Death

Died at Town Redland County Montgy MARYLAND

Date 1900 Month Feby Day 21 Age Y. 65 M. D. Native of Md Occupation Carpenter

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of ~~Wife~~ Beckwith

Father's Name X Mother's Name X

Cause of Death Primary Nephritis 97 How long sick 6 mo

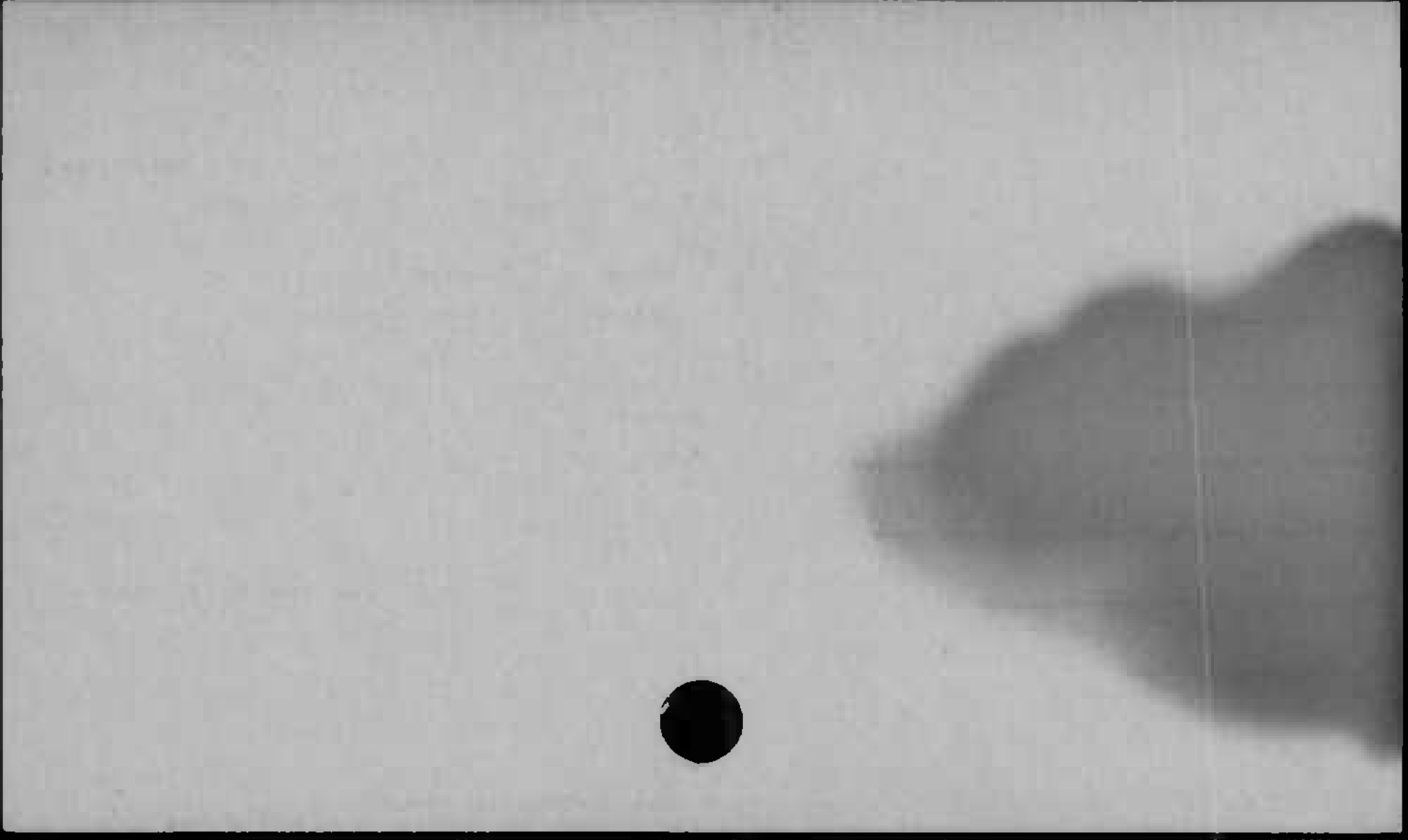
Immediate Uremic Poison ~~Accident, Suicide, Homicide~~

Reported by O. M. Linthicum MD

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]



Name in Full

Certificate of Death

Mrs. Elizabeth A. Colleran

Died at Town Brookeville County Montgomery MARYLAND

Date 1900 Month 2 Day 27 | Age Y. 87 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living None

~~Husband~~ Wife of Peter Colleran

Father's Name James Parsley

Mother's Name Margaret Parsley

Cause of Death: Primary Apoplexy (Cerebral) 42

Immediate

How long sick 4½ days

~~Accident, Suicide, Homicide~~

Reported by Dr. W. F. Green

Address Brookeville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary Jane Hall

Certificate of Death

Died at Town Garrett Park County Montgy MARYLAND

Date 1900 Month Feb Day 1 Age Y. 34 M. D. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife W. Hall

Father's Name ^ Mother's Name ^

Cause of Death Primary Dirt 119a How long sick 7 days

Immediate Puerperal Septicaemia Accident, Suicide, Homicide

Reported by W. L. Lewis M D

Address Kensington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Nerva Huff

Died at Town Sandy Spring County Montgomery MARYLAND

Date 19 00 Month 2 Day 7 Age Y. 11 M. 3 D. Native of Montgomery Co Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower ~~Number of children living~~

Husband of Wife

Father's Name —

Mother's Name Sarah Huff

Cause of Death { Primary Pneumonia 72 How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Certificate of Death

Charles S. Jones.

Died at Olney (Town) Montgomery (County) MARYLAND

Date 1900 Month 2 – Day 7

Age Y 39 M. 4 D. 5

Native of Olney, Md.

Occupation Merchant.

~~Male~~ / ~~Female~~

~~White~~ / ~~Colored~~

~~Married~~ / ~~Single~~ / ~~Widower~~

~~Divorced~~

Number of children living Three.

~~Husband~~ / ~~Wife~~ of Belle Jones.

Father's Name Llewellyn D. Jones

Mother's Name Elizabeth Jones

Cause of Death: Primary — Typho-malarial fever. How long sick 27 days.

Immediate — Asthenia.

~~Accident~~, Suicide, ~~Homicide~~

Reported by Elias. Farquhar M. D.,

Address Olney Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Oct 2 1860

Name in Full

Certificate of Death

Not Named

Died at Town Kensington County Montgy MARYLAND

Date 1900 Month Feb Day 21 | Age Y. - M. - D. 1 | Native of Md | Occupation ^

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife ^

Father's Name Henry Miles

Mother's Name Lydia Davis

Cause of Death — Primary: Congenital Syphilis — How long sick: 1 day

Immediate: Weakness 24 — Accident, Suicide, Homicide

Reported by W. L. Lewis M D

Address ^ Kensington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full — Certificate of Death

Ethel May Mobley

Died at Town: Gaithersburg — County: Montgomery — MARYLAND

Date 1900 — Month: 2 — Day: 26 — Age: Y. 1 M. 6 D. — Native of: Gaithersburg — Occupation: Child

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband of Wife

Father's Name: Jno W Mobley

Mother's Name: Mary G Mobley

Cause of Death — Primary: Bronchitis 69 — How long sick: 5 weeks

Immediate: Bronchitis — Accident, Suicide, Homicide

Reported by: J. C. Groomes

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968

attended by
Dr Ett Etchison
of Gaithersburg

The above information was given
by Jno W Mobley of Gaithersburg
Md

Name In Full — Certificate of Death

Sarah B. Moore

Died at Town: Cabin John — County: Montgomery — MARYLAND

Date 1900 — Month: Feb — Day: 10th — Age: Y. 69 M. — D. — Native of: D.C. — Occupation: Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: Two.

~~Husband~~ Wife of: John W. Moore

Father's Name: Chas L. Coltman — Mother's Maiden Name: Mary Ann Drummond

Cause of Death — Primary: ~~Senility~~ 81 — Immediate: Chronic Gastritis — How long sick: Nine Months

~~Accident, Suicide, Homicide~~

Reported by: N. Thawley Pratt

Address: Potomac, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Mrs Marcia Rabbitt

Town — County

Died at Bethesda Montgomery MARYLAND

Date 1906 Month July Day 23rd | Age Y. 65 M. 7 D. | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living seven

~~Husband~~ Wife of Isaac Rabbitt

Father's Name Turner Ball

Mother's Name Elizabeth Ball

Cause of Death — Primary 57 — How long sick

Immediate Hypostatic Congestion of Heart — ~~Accident, Suicide, Homicide~~

Reported by E E Stonestreet M.D.

Address Rockville Md. R.1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79648

Name In Full

Certificate of Death

Nicholas E Ray

Died at Town Layhill County Montgomery MARYLAND

Date 1900 Month 2 Day 18 Age Y. 66 M. 4 D. 19 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband Wife of Isabella Ray

Father's Name Nicholas Ray Mother's Name

Cause of Death Primary — 66 How long sick

Immediate neuralgia of heart ~~Accident, Suicide, Homicide~~

Reported by Roger Brooke

Address Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PEGEB

Name in Full Joseph Clayton Selby

Certificate of Death

Died at Town Gaithersburg County Montg MARYLAND

Date 1900 Month 2 Day 9 Age Y. 10 M. D. Native of Md Occupation Baby

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name ~~Thomas~~ Edw Selby

Mother's Name Theresa Selby

Cause of Death: Primary Bronchitis 6d — How long sick 4 weeks

Immediate Bronchitis — ~~Accident, Suicide, Homicide~~

Reported by J. C. Brooms

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended by
Dr. E. C. Etchison
Gaithersburg Md

Information given by
Eden Selby Gaithersburg Md.

Name In Full

William Thompson of W.

Cartificata of Death

Died at Town: near Rockville County: Montgomery MARYLAND

Data 189 1901 Month 2 Day 6 | Aga Y. 87 M. — D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Numbar of children living 7

Husband of Wife Susan Thompson

Father's Name | Mother's Name 22a

Cause of Death — Primary: Consumpsion — How long sick: 2 mo

Immadiate: Consumpsion — ~~Accident, Suicide, Homicide~~

OVER

Reported by J C. Groomer

Address Rockville Md

Must be signed by physician, if any in attandance, otharwise by coronar, undartakar or minister.

LIBRARY BUREAU, 79998

Attended by Dr. E E Stonestreet

of Rockville Md

Seen by Coroner _____

of _____

Information contained in this certificate received from S A Thompson

of Rockville Md

Name In Full

Certificate of Death

Elijah Viers

Died at Town Poolesville County Montgomery MARYLAND

Date 189- 1900 Month Feb Day 4 | Age Y. 56 M. D. | Native of Poolesville | Occupation Confed Soldier

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single Widow Widower Divorced ~~Number of children~~ living

Husband / Wife of

Father's Name Jesse Viers

Mother's Name Sophia Viers

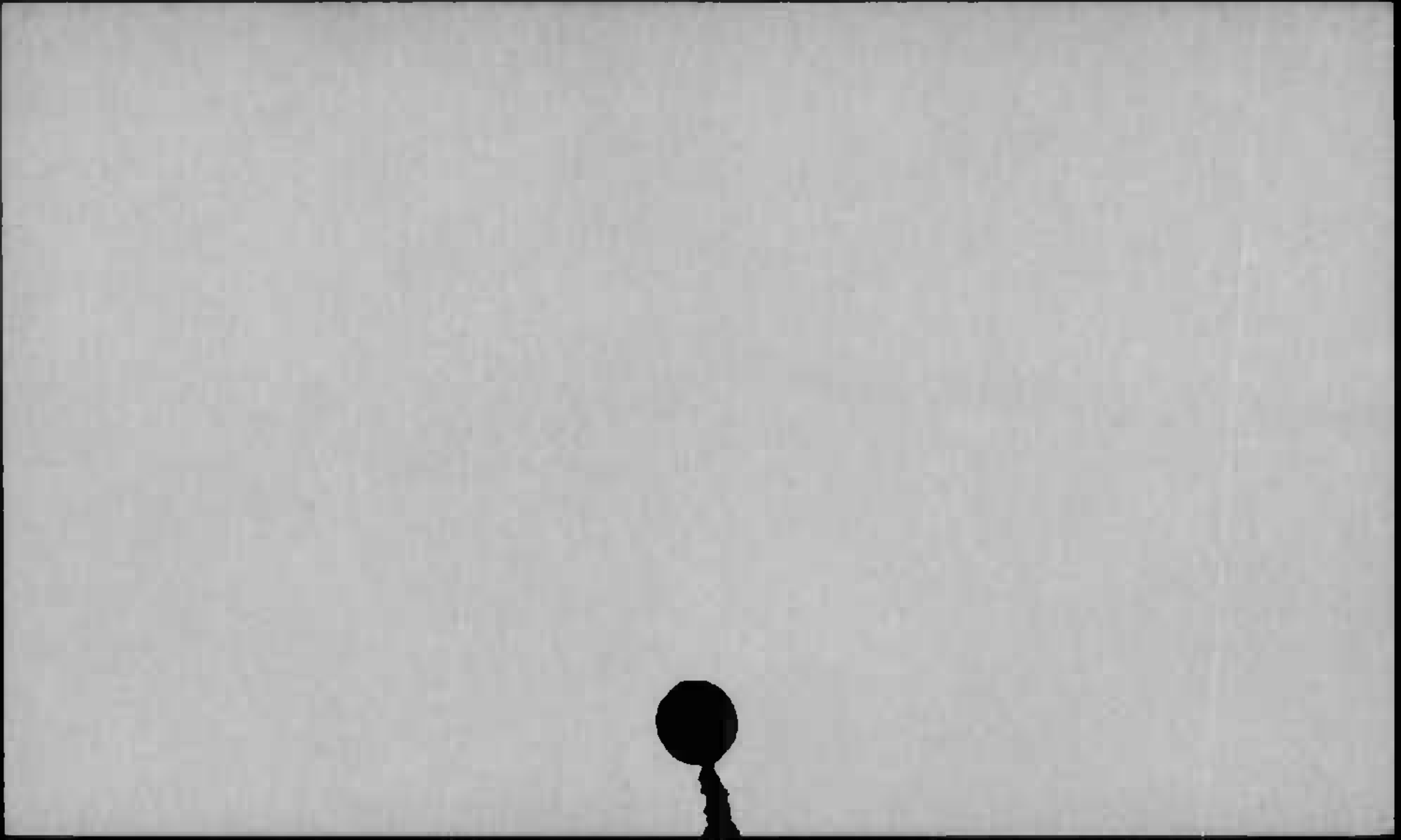
Cause of Death: Primary Paresis 45 — How long sick 30 years

Immediate

Accident, Suicide, Homicide

Reported by Richard J Gott M.D.

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

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